

Title	Family Law Forms for Processing Child Support Cases (revise forms 1285.62 and 1285.625; adopt new form 1285.63; revise forms 1296.91 and 1285.92)
Summary	The proposed form revisions would replace all references to the “district attorney” with “local child support agency,” would simplify forms used for calculating arrearages, and would make other minor changes such as updating titles of other forms referred to. The proposed new form would provide a method for local child support agencies and attorneys to summarize spreadsheets calculating the interest owing on unpaid child support.
Source	Family and Juvenile Law Advisory Committee
Staff	Michael Wright, 415- 865-7619 Ruth McCreight, 415- 865-7666
Discussion	<p><i>Declaration of Payment History (Family Law—Governmental—Uniform Parentage Act)</i> (form 1285.62) would replace the current form at that number, <i>Declaration of Support Arrearage</i>, thereby expanding it to a multi-use form for a variety of support-related actions. <i>Payment History Attachment (Family Law—Governmental—Uniform Parentage Act)</i> (form 1285.625) would be the attachment to revised form 1285.62 and would replace the current optional form numbered 1285.625. These revisions would make the form easier for litigants to use by deleting items and columns that require a litigant to characterize the amounts of support paid as either current support, principal arrears or interest.</p> <p><i>Support Arrearage Summary (Family Law—Governmental)</i> (form 1285.63) would be a new mandatory form for use by local child support agencies and attorneys that provides a method for summarizing interest calculated on unpaid child support.</p> <p><i>Application to Determine Arrearages (Family Law—Domestic Violence Prevention Uniform Parentage—Governmental)</i> (form 1296.91) would be revised to reflect the new titles of the forms above (forms 1285.62, 1285.625, and 1285.63), as they are referenced on this form. Comment is sought on whether this form should be made optional, in order to create more flexibility for litigants.</p> <p><i>Child Support Case Registry Form (Family Law—Domestic Violence</i></p>

Prevention Uniform Parentage—Governmental) (form 1285.92) is revised so that all references to “district attorney” would be replaced with “local child support agency” and to provide for the form being maintained in the court file as a confidential document under seal.

Attachments

- (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	DRAFT-3	CASE NUMBER:
RESPONDENT/DEFENDANT:		
OTHER PARENT:		

PAYMENT HISTORY FOR (check one):

☐ Child ☐ Spousal ☐ Family ☐ Medical ☐ Other (specify):

Year _____		Year _____		Year _____		
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

	Year _____		Year _____		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

INSTRUCTIONS FOR COMPLETING PAYMENT RECORD

YOU MUST COMPLETE THIS PAYMENT RECORD. Enter the year and list the amount ordered and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column and enter the yearly totals.

You may attach additional sheets as necessary and must fill out separate payment records for each type of support paid.

	Year <u>1994</u>		Year <u>1995</u>		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January	100	0	100	100		
February	↓	↓	↓	0		
March	↓	↓	↓	↓		
April	↓	100	↓	100		
May	↓	100	↓	0		
June	↓	100	↓	↓		
July	↓	0	↓	↓		
August	↓	↓	↓	100		
September	↓	↓	↓	100		
October	↓	100	↓	0		
November	↓	↓	↓	↓		
December	↓	↓	↓	↓		
TOTAL	1,200	600	1,200	400		

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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APPLICATION TO DETERMINE ARREARAGES (check all that apply):

- ☐ Child Support ☐ Spousal Support ☐ Family Support
☐ Unreimbursed Medical Expenses ☐ Other (specify):

Attachment to ☐ Order to Show Cause ☐ Notice of Motion

1. ☐ I ask that arrearages be determined in my case.
2. I have attached (check all that apply):
 - a. ☐ an *Affidavit of Payment History* (form 1285.62), and a *Payment History Attachment* (form 1285.625)
 - b. ☐ a *Support Arrearage Summary* (form 1285.63)
 - c. ☐ Other (specify):
3. I ask that the support arrearage be changed as follows:
 - a. ☐ I have already paid ☐ some ☐ all of the support ordered. Proof of payment is attached.
 - b. ☐ The children for whom support is to be paid were living with me full time for the period from _____ to _____. I provided all of their support during that period. The amount of money that I paid to take care of the children while they were living with me was \$ _____ per month. I am attaching a worksheet explaining the facts and these expenses.
 - c. ☐ Other (specify):
4. ☐ The child support obligor requests (1) an order that no penalties be imposed under Family Code sections 4720–4732 and (2) that the following findings be made:
 - a. ☐ The child support payments were not 30 days in arrears on the date of service of the notice of delinquency and are not in arrears on the date of the hearing.
 - b. ☐ The support obligor suffered serious illness, disability, or unemployment that substantially impaired the ability of the support obligor to comply fully with the support order, AND the support obligor has made every possible effort to comply with the support order.
 - c. ☐ The support obligor is a public employee and for reasons relating to fiscal difficulties of the employing entity the obligor has not received a paycheck for 30 or more days.
 - d. ☐ It would not be in the interests of justice to impose a penalty.
5. Facts in support of the relief requested are (specify):
☐ contained in the attached declaration.

NOTICE: This form must be attached to a *Notice of Motion* or *Order to Show Cause*.

NOT A COURT ORDER

Page ____ of ____

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 100px;">DRAFT-3</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	DRAFT-3
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<div style="text-align: center; font-weight: bold;">CHILD SUPPORT CASE REGISTRY FORM</div> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Mother <input type="checkbox"/> Father </div> <div> <input type="checkbox"/> First form completed <input type="checkbox"/> Change to previous information </div> </div>	
CASE NUMBER:	

THIS FORM WILL BE MAINTAINED IN THE COURT FILE AS A
CONFIDENTIAL DOCUMENT FILED UNDER SEAL.

Notice: This form must be completed and delivered to the court along with the court order for support. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number. HOWEVER, if the local child support agency is involved in this case, you must deliver this form, and any updates to the form, to the local child support agency instead of delivering it to the court.

1. Support order information (*this information is on the court order you are filing or have received*).
 - a. Date order filed:
 - b. ☐ Initial child support order or family support order ☐ Modification
 - c. Total monthly base current child or family support amount ordered for children listed below (*do not include child care, special needs, unreimbursed medical expenses, travel for visitation, spousal support, or court-ordered payments on past due support*):

(1) <input type="checkbox"/> child support: \$	<input type="checkbox"/> reserved order	<input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> family support: \$	<input type="checkbox"/> reserved order	<input type="checkbox"/> \$0 (zero) order
2.
 - a. Person required to pay child or family support (*name*):
 - b. Relationship to child (*specify*):
3.
 - a. Person or agency to receive child or family support payments (*name*):
 - b. Relationship to child (*if applicable*):
4. The child support order is for the following children:

<u>Child's name</u>	<u>Date of birth</u>	<u>Social Security Number</u>
a.		
b.		
c.		
d.		
e.		

☐ Additional children are listed on a page attached to this document.

TYPE OR PRINT IN INK

(Continued on reverse)

Page one of ____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file.

- | | |
|--|--|
| <p>5. Father's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, ZIP code:</p> <p>d. Mailing address:</p>
<p>City, state, ZIP code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number: ()</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed</p> <p>Employer's name:</p>
<p>Street address:</p> <p>City, state, ZIP code:</p> <p>h. Telephone number: ()</p> | <p>6. Mother's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, ZIP code:</p> <p>d. Mailing address:</p>
<p>City, state, ZIP code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number: ()</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed</p> <p>Employer's name:</p>
<p>Street address:</p> <p>City, state, ZIP code:</p> <p>h. Telephone number: ()</p> |
|--|--|
7. ☐ A restraining order, protective order, or non disclosure order due to domestic violence is in effect.
- a. The order protects (*check all that apply*): ☐ Father ☐ Mother ☐ Children
- b. From ☐ Father ☐ Mother
- c. The restraining order expires (*date*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

(Continued on page three)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form 1285.92) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database which, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the Superior Court on your order. This form is confidential and will not be filed in the court file. **HOWEVER**, if the local child support agency is involved in this case, you must deliver this form and any updates to the form to the local child support agency, instead of delivering it to the court. It is important to keep the court or the local child support agency informed, in writing, of any changes in your address or phone number.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (type or print in ink):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Front page, first box, top of form, left side: Print your name, address, telephone number, and fax number, if any, in this box. Attorneys must include their state bar number.

Front page, second box, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Front page, third box, left side: Print the names of Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the court order you are filing or have received.

Front page, fourth box, left side: Check the box indicating whether you are the mother or the father. Also, if this is the first time you have filled out this form, check the box by "first form completed." If you have filled out a form like this before, and you are changing any of the information, check the box by "change to previous information."

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print the court case number in this box. This number is also shown on the court order.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on the front page at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support order or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered is on the court order you are filing or have received.
 - (1) Check this box if your order says that child support is ordered. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, unreimbursed medical expenses, travel for visitation, spousal support, or court-ordered payments on past due support.
 - (2) Check this box if your order says that family support is ordered. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, unreimbursed medical expenses, travel for visitation, spousal support, or court-ordered payments on past due support.

(Continued on reverse)

2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the children.
3. a. Write the name of the person or agency that is supposed to receive child or family support payments.
b. Write the relationship of that person to the children.
4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box after item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.
The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgement. This information is mandatory and will be kept on file at the local child support agency.

Top of second page, box on left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the front page.

Top of second page, box on right side: Print your court case number in this box. Use the same case number as on the front page, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under number 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write in your social security number.
 - c. List the street address, city, state, and ZIP code where you live.
 - d. List the street address, city, state, and ZIP code where you want your mail to be sent, if different from the address where you live.
 - e. Write in your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, self-employed, or not employed by checking the appropriate box. If you are employed, write in the name, street address, city, state, ZIP code, country, and telephone number where you work.
7. a. If there is a restraining order, protective order, or nondisclosure order, check this box. Check the box beside each person who is being protected by the restraining order.
b. Check the box beside the parent who is being restrained.
c. Write in the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>) or GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406): TELEPHONE NO. (<i>Optional</i>): _____ FAX NO. (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">DRAFT-2</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	DRAFT-2
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
SUPPORT ARREARAGE SUMMARY	

This summary is for arrearages for the periods specified in the attached pages.
 Interest is calculated through (*specify date*):

	<u>Principal</u>	<u>Interest</u>	<u>Total Arrearage</u>
CHILD SUPPORT:	\$ _____	\$ _____	\$ _____
SPOUSAL SUPPORT:	\$ _____	\$ _____	\$ _____
FAMILY SUPPORT:	\$ _____	\$ _____	\$ _____
UNREIMBURSED MEDICAL EXPENSES:	\$ _____	\$ _____	\$ _____
OTHER (<i>specify</i>):	\$ _____	\$ _____	\$ _____

NOTICE: Interest that is not calculated is not waived.

Date:

Submitted by:



Details of the arrearage statement, consisting of (*specify number*):

pages, are attached.